Under the   ..ct of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

'LICATION FEE DETERMINATION RECORD
Substitute for Form PTO-875

Application or Docket Number

ロ / 8 2 8 5 8 8

ON AS FILED – PART I

(Column 1) ..UMBER FILED	(Column 2) NUMBER EXTRA	SMALL ENTITY RATE ($)	FEE ($)	OR	OTHER THAN SMALL ENTITY RATE ($)	FEE ($)
minus 20 =	·	X =		OR	X =	
minus 3 =	·	X =			X =	

BASIC FEE
(37 CFR 1.16

SEARCH F
(37 CFR 1.16

EXAMINAT
(37 CFR 1.16

TOTAL CL.
(37 CFR 1.1

INDEPENE
(37 CFR 1.1

APPLICATI
FEE
(37 CFR 1.1·

specification and drawings exceed 100
:s of paper, the application size fee due
.50 ($125 for small entity) for each
onal 50 sheets or fraction thereof. See
S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

MULTIPLE   RESENT (37 CFR 1.16(j))

* If the diffe   ɔ than zero, enter "0" in column 2.   TOTAL | TOTAL

S AMENDED – PART II

AMENDMENT A   8/3/25

		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA	SMALL ENTITY RATE ($)	ADDI-TIONAL FEE ($)	OR	OTHER THAN SMALL ENTITY RATE ($)	ADDI-TIONAL FEE ($)
(37 CF	Minus	** 44	=	X =		OR	X =	
Indep (37 CF	Minus	***	=	X =		OR	X =	
Appl.	1.16(s))							
FIRST	TIPLE DEPENDENT CLAIM (37 CFR 1.16(j))					OR		
				TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	

AMENDMENT B

		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA	SMALL ENTITY RATE ($)	ADDI-TIONAL FEE ($)	OR	OTHER THAN SMALL ENTITY RATE ($)	ADDI-TIONAL FEE ($)
(37 Cr	Minus	**	=	X =		OR	X =	
Ind (37 C.	Minus	***	=	X =		OR	X =	
Appl.	1.16(s))							
FIRST	PLE DEPENDENT CLAIM (37 CFR 1.16(j))					OR		
				TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	

* If th·   :han the entry in column 2, write "0" in column 3.
** If t   ɔsly Paid For" IN THIS SPACE is less than 20, enter "20".
*** If th: .sly Paid For" IN THIS SPACE is less than 3, enter "3".
Tr   .y Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

.   ¬ᴜ need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

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